

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10724848</u>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51	/				
2							52	/				
3							53	/				
4							54	/				
5							55	/				
6							56	/				
7							57	/				
8							58	/				
9							59	/				
10							60	/				
11							61	/				
12							62	/				
13							63	/				
14							64	/				
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27	/						77					
28	/	/					78					
29	/	/					79					
30	/	/					80					
31	/	/					81					
32	/	/					82					
33	/	/					83					
34	/	/					84					
35	/	/					85					
36	/	/					86					
37	/	/					87					
38	/	/					88					
39	/	/					89					
40	/	/					90					
41	/	/					91					
42	/	/					92					
43	/	/					93					
44	/	/					94					
45	/	/					95					
46	/	/					96					
47	/	/					97					
48	/	/					98					
49	/	/					99					
50	/	/					100					
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS			TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
							3		34		37	